Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

							_						
		CLAIMS AS	S FILED - PART (Column 1)		(Column 2)		SMALI TYPE	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			رين				RAT	E	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		* B		X\$ 9	)=		OR	X\$18=	: =	
INDEPENDENT CLAIMS			minus 3 =		* B		X42	=		OR	X84=		
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				+140	)=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in columr			column 2	TOTA	۱L		OR	TOTAL	740	
	С		MENDED - PART II				CMA	SMALL ENTITY			OTHER THAN SMALL ENTITY		
		(Column 1)		(Colur – нібн		(Column 3)	SIVIA			OR !!	SWALL		
AMENDMENT A	land the same of the file	REMAINING AFTER		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	F.O. A.A.A	=	X42:	=		OR	X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENI	CLAIM		+140	= .		OR	+280=		
							TO ADDIT. F				TOTAL ADDIT. FEE		
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDII. I			'			
AMENDMENT B	हा हुन हम्बद्धा करेंच्या है । यह स्व	CLAIMS REMAINING AFTER AMENDMENT	्रिकेष्ठ अस्य स्टब्स	HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	RATI	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	- 01 4114	=	X42:	=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JEHPLE DEF	ENDENT	CLAIM		+140	=		OR	+280=		
							TO1 ADDIT. F			OR	TOTAL ADDIT. FEE	_	
		(Column 1)		(Colur		(Column 3)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ADDII. I EE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***	F CLAIM	=-	X42=	-		OR	X84=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	_		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											TOTAL		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													